

COMMUNITY CARE LICENSING DIVISION

*"Promoting Healthy, Safe and
Supportive Community Care"*

TECHNICAL SUPPORT PROGRAM

Self-Assessment Guide RESIDENTIAL CARE FACILITY FOR THE ELDERLY INCIDENTAL MEDICAL SERVICES



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

TECHNICAL SUPPORT PROGRAM
RESIDENTIAL CARE FACILITY FOR THE ELDERLY
INCIDENTAL MEDICAL SERVICES

The licensing agency recognizes that the fluctuating health conditions of elderly residents will require that licensees provide varying levels of care within the facility. The need for varying levels of care has been addressed by allowing some health conditions in Residential Care Facilities For The Elderly (RCFE) when specific requirements are met (RCFE regulation Sections 87701 - 87715 Prohibited Health Conditions).

Allowing for certain health conditions within the facility, affords elderly residents the opportunity to live as independently as possible in a home like environment. Although the licensing agency allows certain health conditions in an RCFE, the licensee should inform the prospective resident and/or their representative that residents who develop conditions which require skilled nursing care will be discharged.

Regulation Section 87701 (Prohibited Health Conditions) specifies that the health conditions listed below are prohibited in a residential facility for the elderly. However, of the 17 prohibited health conditions most are allowed if the licensee can meet the requirements specified in regulation sections 87703 - 87714. For many of these conditions, the licensee must obtain an approval from the licensing agency prior to accepting or retaining the resident.

Prior to accepting a resident the licensee must determine whether the resident requires a level of care that is allowed in an RCFE and what conditions (if any) must be met if the resident is accepted. Additionally, the licensee must monitor the resident's condition to determine whether the condition is allowed in an RCFE and what specific requirements must be met if the residents condition deteriorates and the facility plans to retain the resident.

Prohibited health conditions include:

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| 1. Catheter Care (Pg 6) | 10. IPPB Machine Use (Pg 3) |
| 2. Colostomy Ileostomy Care (Pg 4) | 11. Oxygen Administration (Pg 2) |
| 3. Contractures (Pg 8) | 12. Liquid Oxygen (Pg 14) |
| 4. Dermal Ulcers (Pg 11) | 13. Naso-gastric Tubes* |
| 5. Diabetes (Pg 9) | 14. Staph Infections* |
| 6. Enemas/Suppositories/
Fecal Impaction (Pg 5) | 15. Total Care* |
| 7. Gastrostomy Care* | 16. Tracheostomies* |
| 8. Incontinence Bowel/Bladder (Pg 7) | 17. Wound Care (Pg 11) |
| 9. Injections (Pg 10) | 18. Bedridden Clients (Pg 12&13) |

* (Conditions generally not allowed in RCFE's.)

The following pages specify the licensing requirements for each prohibited health condition.

87703 OXYGEN ADMINISTRATION

A resident who requires the use of oxygen is allowed in the following situations:

- A. The resident can completely self-care for the condition. The resident must be able to determine his/her need for oxygen, operate the equipment and administer the oxygen;

OR

- B. If the resident cannot completely self-care for the condition:

- 1. PRIOR to accepting or retaining the resident, an exception must be obtained from the licensing agency.
- 2. Intermittent oxygen administration must be performed by an appropriately skilled professional (ASP).

The licensee is responsible for the following care standards [87702.1 & 87703(b)]:

- 1. Monitoring the resident's ability to self-care for the condition and operate the equipment per physician's orders and documenting any change in that ability.
- 2. Maintaining a current record for each resident that includes documentation from the physician of condition(s) which require incidental medical services, the stability of the condition(s), care to be given and the resident's ability to perform the procedure.
- 3. Identifying an ASP and ensuring that oxygen administration is provided by an ASP when the resident needs assistance.
- 4. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
- 5. Ensuring that facility staff have the knowledge and ability to operate the equipment, recognize and respond to medical problems and contact the physician or the ASP when necessary.
- 6. Having the name, address and phone number of the ASP vendors providing services and of emergency contacts.
- 7. Notifying the fire department, in writing, that oxygen is in use at the facility.
- 8. Ensuring that there is no smoking where oxygen is being used and that "No Smoking" signs are posted.
- 9. Ensuring that all electrical equipment is checked for defects which may cause sparking.
- 10. Ensuring that the room is large enough to accommodate the equipment, that oxygen tanks are secured in a stand or to the wall and that plastic tubing does not exceed 7 feet.
- 11. Ensuring that portable oxygen sources are used when residents are outside of their rooms.
- 12. Ensuring that equipment is operable.
- 13. Ensuring that the equipment is removed from the facility when it is no longer used by the resident.

87704 INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) MACHINE

A resident who requires the use of IPPB therapy is allowed in the following situations:

- A. The resident can completely self-care for the condition. The resident must be able to determine his/her own need for therapy and operate the equipment;

OR

- B. If the resident cannot completely self-care for the condition:

- 1. PRIOR to accepting or retaining a resident, an exception must be obtained from the licensing agency.
- 2. IPPB therapy must be performed by an appropriately skilled professional (ASP).

The licensee is responsible for the following care standards [87702.1 & 87704(b)]:

- 1. Monitoring the resident's ability to self-care for the condition and operate the equipment per the physician's orders and documenting any change in that ability.
- 2. Maintaining a current record for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), care to be given and the resident's ability to perform the procedure.
- 3. Identifying an ASP and ensuring that the IPPB procedure is performed by an ASP when the resident needs assistance.
- 4. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
- 5. Ensuring that facility staff have the knowledge and ability to operate the equipment, recognize and respond to medical problems and contact the physician or the ASP when necessary.
- 6. Having the name, address and phone number of the ASP, vendors providing services and of emergency contacts.
- 7. Ensuring that the equipment is operable.
- 8. Ensuring that the equipment is removed from the facility when it is no longer used by the resident.
- 9. Ensuring that the room is large enough to accommodate the equipment.

87705 COLOSTOMY/ILEOSTOMY

A resident who has a colostomy/ileostomy is allowed in the following situations:

- A. The ostomy is completely healed, as documented by the physician; and the resident is capable of providing all routine care for the condition;

OR

- B. If the resident cannot perform all routine care for the condition:

1. PRIOR to accepting or retaining a resident, an exception must be obtained from the licensing agency.
2. Assistance must be provided by an appropriately skilled professional (ASP).

The licensee is responsible for the following care standards [87702.1 & 87705(b)]:

1. Monitoring the resident's ability to provide self-care for the condition and documenting any change in that ability.
2. Maintaining a current record for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), care to be given, and the resident's ability to perform the procedure.
3. Identifying an ASP and ensuring that ostomy care is provided by an ASP when the resident needs assistance.
4. Ensuring that the resident's medical needs are met and care is provided in accordance with the physician's orders.
5. Ensuring that facility staff have the knowledge and ability to recognize and respond to medical problems and contact the physician or the ASP when necessary.
6. Having the name, address and phone number of the ASP, vendors providing services and of emergency contacts.
7. Ensuring that used bags are discarded in a sanitary manner which does not permit for the transmission of disease or odors. [see Sec 87691 (f)]
8. Ensuring privacy when ostomy care is provided.

Facility staff may change the ostomy bag and adhesive if the following requirements are met:

1. A second exception must be obtained from the licensing agency (87721).
2. Staff must receive training from an ASP.
3. Written documentation must be provided by the ASP outlining instruction of the procedure and the names of staff who received training.
4. The ASP must review the procedures and techniques no less than two times per month.

87706 ENEMA AND/OR SUPPOSITORY AND FECAL IMPACTION REMOVAL

A resident who requires manual fecal impaction removal, enemas, or use of suppositories is allowed in the following situations:

- A. The resident can self-care for the condition and perform the procedure according to the physician's orders;

OR

- B. If the procedure is administered by an appropriately skilled professional (ASP) in accordance with the physician's orders.

The licensee is responsible for the following care standards [87702.1 & 87706(b)]:

1. Monitoring the resident's ability to provide self care for the condition and documenting any change in that ability.
2. Maintaining a current record for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, stability of the condition(s), care to be given, and the resident's ability to perform the procedure.
3. Identifying an ASP and ensuring that manual fecal impaction, enemas, and/or suppositories are administered by an ASP when the resident needs assistance.
4. Ensuring that the resident's medical needs are met and care is provided in accordance with the physician's orders.
5. Ensuring that facility staff have knowledge and ability to recognize and respond to medical problems and contact the physician or the ASP when necessary.
6. Having the name, address and phone number of the ASP, vendors providing services and of emergency contacts.
7. Ensuring privacy is afforded when care is provided.

87707 INDWELLING URINARY CATHETER/CATHETER PROCEDURE

A resident who requires the use of an indwelling catheter is allowed in the following situations:

1. The resident can care for all aspects of the condition except for insertion and irrigation of the catheter;

AND

2. Insertion, removal and irrigation are performed by an appropriately skilled professional (ASP) according to the physician's orders.

The licensee is responsible for the following care standards [87702.1 and 87707(b)]:

1. Monitoring the resident's ability to self-care for the condition and documenting any change in that ability.
2. Maintaining a current record of care for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), care to be given and the resident's ability to perform the procedure.
3. Identifying an ASP and ensuring that insertion, removal and irrigation of the catheter is performed by an ASP.
4. Ensuring that the bag and tubing are changed by an ASP if the resident needs assistance.
5. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
6. Ensuring that facility staff have knowledge and ability to recognize and respond to medical problems and to contact the physician or the ASP when necessary.
7. Having the name, address, and phone number of the ASP, vendors providing services and of emergency contacts.
8. Ensuring that waste material is disposed of in a sanitary manner which does not permit for the transmission of disease or odors [see 87691(f)].
9. Ensuring privacy when catheter care is provided.

Facility staff may empty the bag if the following requirements are met:

1. An exception must be obtained from the licensing agency (87721).
2. Staff must receive training and supervision from an ASP.
3. Written documentation must be provided by the ASP outlining instructions of the procedure and the names of staff who receive training.

87708 MANAGED BOWEL AND BLADDER INCONTINENCE

A resident who has managed bowel and/or bladder incontinence is allowed in any of the following situations:

1. The resident can completely manage the condition.
2. There is a structured bowel and/or bladder retraining program to assist the resident to restore a normal pattern of continence.
3. There is a program of scheduled toileting at regular intervals.
4. The resident can be kept clean and dry at all times with the use of incontinence products.

The licensee is responsible for the following care standards [87702.1 & 87708(b)]:

1. Monitoring the resident's ability to self care for the condition and documenting any change in that ability.
2. Maintaining a current record for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), care to be given and the resident's ability to perform the procedures.
3. Identifying an appropriately skilled professional (ASP) and ensuring that bowel and/or bladder programs are designed by an ASP who has training and experience in caring for the elderly with bowel and/or bladder problems and training in developing structured bowel and/or bladder programs.
4. Ensuring that the resident's condition and the effectiveness of the bowel and/or bladder program are evaluated by an ASP.
5. Ensuring that facility staff have the knowledge and ability to recognize and respond to medical problems, training from the ASP in implementing the bowel and/or bladder program and ability to contact the physician or the ASP when necessary.
6. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
7. Having the name, address and phone number of the ASP, vendors providing services and of emergency contacts.
8. Ensuring that residents who can benefit from a toileting program are assisted/reminded to go at regular intervals; that incontinent residents are checked during the times they are known to be incontinent, including night time; and ensuring that incontinent residents are kept clean and dry at all times.
9. Ensuring that privacy is afforded when care or assistance is provided.
10. Ensuring that fluids are not withheld from the resident to control incontinence and that a resident is not catheterized to control incontinence.

87709 CONTRACTURES

A resident who has contractures is allowed in the following situations:

- A. The resident is able to care for the contractures by him/herself and the contractures do not severely affect the resident's ability to function;

OR

- B. If the resident requires assistance with the condition:

- 1. PRIOR to accepting or retaining a resident an exception must be obtained from the licensing agency.
- 2. The contractures cannot severely affect the client's ability to function.
- 3. Care and/or supervision must be provided by an appropriately skilled professional(ASP).

The licensee is responsible for the following care standards [87702.1 & 87709(b)]:

- 1. Monitoring the resident's ability to self-care for the condition and documenting any change in that ability.
- 2. Maintaining a current record for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), care to be provided, and the resident's ability to perform the procedure.
- 3. Identifying an ASP and ensuring that care and/or supervision of the contractures is provided by an ASP.
- 4. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
- 5. Ensuring that facility staff have the knowledge and ability to recognize and respond to medical problems and to contact the physician or the ASP when necessary.
- 6. Having the name, address and phone number of the ASP, vendors providing services and of emergency contacts.
- 7. Ensuring that exercises prescribed by the physician are performed by an ASP or by staff who receive instruction and supervision from an ASP.

87710 DIABETES

A resident with diabetes is allowed in the following situations:

- A. The resident is able to perform his/her own glucose testing with blood or urine specimens and able to administer his/her own medication. The resident must be able to "draw up" the prescribed dose if medication is administered through injection;

OR

- B. If the resident cannot completely self-care for the condition, an appropriately skilled professional (ASP) must provide care and/or assistance.

The licensee is responsible for the following care standards [87702.1 & 87710(b)]:

1. Monitoring the resident's ability to self-care for the condition and documenting any change in that ability.
2. Maintaining a current record for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), care to be given and the resident's ability to perform the procedure.
3. Ensuring that care and/or assistance is provided by an ASP when the resident needs assistance.
4. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
5. Ensuring that facility staff have the knowledge and ability to recognize and respond to medical problems and contact the physician or the ASP when necessary.
6. Having the name, address and phone number of the ASP, vendors providing services and of emergency contacts.
7. Ensuring that medicine, testing equipment, syringes, needles and other supplies are available and properly stored in the facility.
8. Ensuring that syringes and needles are safely discarded into appropriate containers. A "Sharps" container may be used for disposal of needles and syringes.
9. Providing modified diets as prescribed by the resident's physician.

87711 INJECTIONS

A resident who requires intramuscular, subcutaneous, or intradermal injections is allowed in the following situations:

A. The resident is able to administer his/her own injections;

OR

B. If the resident cannot administer his/her own injections, they must be administered by an appropriately skilled professional (ASP).

The licensee is responsible for the following care standards [87702.1 & 87711(b)]:

1. Monitoring the resident's ability to self-care for the condition and documenting any change in that ability.
2. Maintaining a current record for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), care to be given and the resident's ability to perform the procedure.
3. Ensuring that care and/or assistance is provided by an ASP when the resident needs assistance.
4. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
5. Ensuring that facility staff have the knowledge and ability to recognize and respond to medical problems and contact the physician or the ASP when necessary.
6. Having the name, address and phone number of the ASP, vendors providing services and of emergency contacts.
7. Ensuring that medicine, testing equipment, syringes, needles and other supplies are available and properly stored in the facility.
8. Ensuring that syringes and needles are safely discarded into appropriate containers. A "Sharps" container may be used for the disposal of syringes and needles.

87713 HEALING WOUNDS

A resident who has a healing wound is allowed in the following situations:

- A. PRIOR to acceptance or retention an exception has been obtained from the licensing agency and care is performed by or supervised by an appropriately skilled professional (ASP).
- B. The wound is a result of surgery and care is performed according to the surgeon's orders.
- C. A resident with a Stage One or Two dermal ulcer (bedsore) is allowed if:
 - 1. PRIOR to admission an exception has been obtained from the licensing agency.
 - 2. The condition has been diagnosed by a physician.
 - 3. Care is provided by an ASP.
 - 4. All aspects of care must be documented in the resident's file.

A resident with Stage Three or Four dermal ulcers CANNOT be accepted or retained in a residential facility for the elderly.

The licensee is responsible for the following care standards (87702.1 and 87713(a):

- 1. Maintaining a current record for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), care to be given, and the resident's ability to perform the procedure.
- 2. Ensuring that care and/or supervision of the wound is performed by an ASP.
- 3. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
- 4. Ensuring that facility staff have the knowledge and ability to recognize and respond to medical problems and contact the physician or ASP when necessary.
- 5. Having the name, address and phone number of the ASP, vendors providing services and of emergency contacts.

BEDRIDDEN RESIDENTS IN RCFE'S (87582 Acceptance and Retention Limitations)

A bedridden person is one who is unable to leave a building unassisted under emergency conditions, AND requires assistance in turning and repositioning in bed.

PERMANENTLY BEDRIDDEN

A permanently bedridden resident is NOT ALLOWED in a RCFE.

TEMPORARILY BEDRIDDEN (Less than 14 days)

A bedridden person may be accepted or retained in an RCFE for 14 days or less, ONLY if the person is temporarily bedridden due to an illness or recovery from surgery.

1. The licensee must notify the local fire authority with jurisdiction of the presence of a bedridden resident and the length of time the resident will be bedridden. Notification must be made in writing or by telephone within 48 hours of admission or retention of a bedridden resident. Documentation that the local fire jurisdiction has been notified must be maintained in the resident's file.
2. No exception is required from the licensing agency to accept or retain a temporarily bedridden resident for 14 days or less.

TEMPORARILY BEDRIDDEN (More than 14 days)

A bedridden resident may be retained for more than 14 days under the following conditions:

1. The resident is TEMPORARILY bedridden due to an illness or recovery from surgery;

AND

2. An exception has been obtained from the licensing agency.

The licensee must request an exception from the licensing agency as soon as it appears that the resident will be bedridden for longer than 14 days. The request must include the following information:

1. Written notification regarding the nature of the temporary illness or recovery from surgery.
2. A physician's written statement that the resident's condition is temporary, is caused by illness or recovery from surgery, and an estimated date of when the illness or recovery will end or when the resident will no longer be bedridden.
3. Information which will allow the department to determine that the health and safety of the resident is adequately protected and that a higher level of care is not necessary. Information must be submitted within 10 days from the date the licensee notifies the licensing agency that the resident's bedridden status will last longer than 14 days.
Information must include, but not be limited to the following:
 - a. Physician assessment(s).

- b. An appraisal which identifies the resident's care needs, including medical intervention and the appropriately skilled professional (ASP) who will perform the procedure.
 - c. Copies of prescriptions for medications and/or equipment.
 - d. A plan for minimizing the impact on other residents.
4. If an exception to retain a bedridden resident is obtained, and the resident's bedridden status exceeds the estimated date in the request, an updated exception request must be submitted.
5. The licensee must notify the local fire authority with jurisdiction of the presence of a bedridden resident and the length of time the resident will be bedridden. Notification must be made in writing or by telephone within 48 hours of retention of a bedridden resident. Documentation that the fire authority has been notified must be maintained in the resident's file.

LIQUID OXYGEN

A resident who requires the use of liquid oxygen may be allowed in the following situations:

- A. The resident can completely self-care for the condition. The resident must be high functioning and documented to be physically and mentally capable of operating the storage unit, transferring oxygen into the portable unit, and self-administering the oxygen;

AND

- B. PRIOR to accepting a resident, the licensee MUST request an exception from the licensing agency. Liquid oxygen SHALL NOT be allowed in the facility until an exception has been obtained.

The licensee shall be responsible for meeting the conditions of the exception which will include but are not limited to the following:

1. Obtaining and maintaining written permission to have liquid oxygen in the facility from the fire authority having jurisdiction.
2. Ensuring that the storage unit is filled only by the vendor and takes place off the facility premises.
3. Ensuring that facility staff DO NOT assist the resident with any aspect of care or use of the liquid oxygen.
4. Ensuring that the resident has been trained by the vendor in the operation of the equipment and that documentation of the training is maintained in the client's file.
5. Ensuring that the liquid oxygen containers are stored, handled and maintained according to the written instructions from the vendor, as well as any additional requirements from the local fire authority.

The licensee is responsible for the following care standards [87702.1 & 87703(b)]:

1. Monitoring the resident's ability to self care for the condition and operate the equipment per the physician's orders. The Licensee must document any change in that ability.
2. Maintaining a current, written record of care for each resident that includes documentation from the physician of the condition(s) which require incidental medical services, the stability of the condition(s), the type of care to be given and the resident's ability to perform the procedure.
3. Ensuring that the resident's medical needs are met and care is provided according to the physician's orders.
4. Ensuring that facility staff have knowledge and the ability to operate the equipment, recognize and respond to medical problems and contact the physician or skilled professional when necessary.
5. Having the name, address and phone number of the skilled professionals and vendors providing services and of emergency contacts.
6. Notifying the fire department, in writing, that oxygen is in use at the facility.
7. Ensuring that there is no smoking where oxygen is being used and that "No Smoking" signs are posted.
8. Ensuring that all electrical equipment is checked for defects.
9. Ensuring that the room is large enough to accommodate the equipment that oxygen tanks are secured in a stand or to the wall and that plastic tubing does not exceed 7 feet.

10. Ensuring that portable oxygen sources are used when residents are outside of their rooms.
11. Ensuring that equipment is operable and is removed from the facility when it is no longer used by the resident.